STATE BAR OF NEW MEXICO
PARALEGAL DIVISION
CLE TRACKING COMMITTEE
P. O. Box 92860
Albuquerque, NM 87199-2860

REQUEST FOR PROGRAM APPROVAL AND CONFIRMATION OF THE NUMBER OF APPROVED HOURS

PART A. CLE PROVIDER INFORMATION
Name of CLE Provider:_____
Name of Contact Person: _____ Telephone: _____
Address: _____

PART B. CLE ACTIVITY INFORMATION
Title of CLE Activity: _____
Date(s): _____ Location(s): _____
Advertised to: Paralegals _____ Others (please specify): _____

Credit Hours for the Paralegal Division are based on a 60-minute hour of instruction time.

_____ hours General Credit
_____ hours Ethics Credits
_____ TOTAL CREDITS

PART C. REQUIRED ATTACHMENTS
Please attach a course brochure or other outline that:

- ❑ Describes the course content,
- ❑ Identifies the faculty and states their qualifications,
- ❑ Lists the topics by title, and
- ❑ Shows the time schedule for each topic

ENCLOSE A CHECK PAYABLE TO THE PARALEGAL DIVISION -- STATE BAR OF NM IN THE AMOUNT OF $75.00 TO COVER THE COST OF PROGRAM REVIEW.

PART E. SIGNATURE
The Provider reaffirms that the above CLE activity is in compliance with the current New Mexico MCLE Rules including any amendments thereto, and/or the Paralegal Division MCLE Requirements including any amendments thereto. The Provider acknowledges that this activity may be disapproved for violations of the referenced rules or for failure to comply with the agreements and affirmations contained in this form or failure to provide the $75.00 approval fee.

Name of Person Applying (Type or Print): _____
Signature: _____
Title: _____ Date: _____

PLEASE SUBMIT THIS FORM AT LEAST THIRTY (30) DAYS IN ADVANCE OF THE CLE ACTIVITY

4/15/16